Atropine IV dose:
First dose: 1 mg bolus.
Repeat every 3-5 minutes.
Maximum: 3 mg.
Dopamine IV infusion:
Usual infusion rate is 5-20 mcg/kg per minute.
Titrate to patient response; taper slowly.
Epinephrine IV infusion:
2-10 mcg per minute infusion.
Titrate to patient response.

Causes:
- Myocardial ischemia/infarction
- Drugs/toxicologic (eg, calcium-channel blockers, beta blockers, digoxin)
- Hypoxia
- Electrolyte abnormality (eg, hyperkalemia)

Monitor and observe

Persistent bradyarrhythmia causing:
- Hypotension?
- Acutely altered mental status?
- Signs of shock?
- Ischemic chest discomfort?
- Acute heart failure?

Assess appropriateness for clinical condition.
Heart rate typically <50/min if bradyarrhythmia.

Identify and treat underlying cause
- Maintain patent airway; assist breathing as necessary
- Oxygen (if hypoxemic)
- Cardiac monitor to identify rhythm; monitor blood pressure and oximetry
- IV access
- 12-Lead ECG if available; don’t delay therapy
- Consider possible hypoxic and toxicologic causes

Atropine
If atropine ineffective:
- Transcutaneous pacing and/or
- Dopamine infusion or
- Epinephrine infusion

Consider:
- Expert consultation
- Transvenous pacing

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